

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>136</u>
District of <u>Miami</u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>120</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. <u>83 Miami Ave</u>	St. _____	Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Margarita Cruz</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>Feb. 22, 1923</u>	(Month, day, year)
8. FATHER Full name <u>Dantos Cruz</u>		14. MOTHER Full maiden name <u>Jesus Vargas</u>	
9. Residence <u>Miami, Arizona</u> (Usual place of abode) If nonresident, give place and State		15. Residence <u>Miami, Arizona</u> (Usual place of abode) If nonresident, give place and State	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>26</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>Miner (Copper)</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child here- in certified and including this child.)		(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>4</u> (c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>5:50 P.</u> m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>J. J. Wilson</u> (Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>Miami, Arizona</u>	
Registrar <u>H. J. - 222 - 152</u>		Filed <u>Feb 28, 23</u> <u>Charles E. Davis</u> <u>3/5</u> 19 <u>23</u> <u>B. G. J. of</u> County Registrar.	